CONFIDENTIAL

General Health Services Policy & Procedure Site Name: Dona Ana County Detention Center Title: Procedure in the Event of an Inmate Death Revised: NCCHC: Important ACA: Mandatory No: J-A-09.00

POLICY: The Health Service Administrator (HSA) conducts a thorough review of all deaths in custody in an effort to improve care and prevent future deaths.

Deaths are reviewed in accordance with the Corizon Health Sentinel Event Policy.

PROCEDURE STATEMENTS FACILITY GUIDANCE				
1	A clinical mortality review is conducted within 30 days	The Site and Regional Medical Directors (SMD/RMD) are responsible to ensure the review is completed as defined in the Corizon Health Sentinel Event Policy		
		The clinical mortality review is conducted by a physician not involved in the patient's treatment. The treating provider may be involved in the mortality review process, but may not independently complete the review		
2	An administrative review is conducted in conjunction with custody staff	The HSA is responsible for the coordination of the administrative review and the implementation of any recommendations		
3	A psychological autopsy is performed on all deaths by suicide within 30 days	The behavioral health lead is responsible to ensure the completion of the psychological autopsy and report Available Corizon Health form: Psychological Autopsy (QP0002)		
4	Treating staff are informed of pertinent findings of all reviews	The Core 4 are responsible for ensuring that treating staff and the CQI committee are informed of pertinent findings		

REFERENCES

NCCHC: Standards for Health Services in Jails 2018, J-A-09

NCCHC: Standards for Mental Health Services in Correctional Facilities 2015, MH-A-10 ACA: Standards for Adult Local Detention Facilities 4th Edition, 4-ALDF-4D-12, -23-24 ACA: 2016 Standards Supplement - no revisions

> A-09.00 on 8/2018 **EXHIBIT**

Revised 8/2018 Reissued as J-

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	PROCEDURE STATE	EMENTS	FACILITY GUIDANCE	
5	A log is maintained that include	es:	Required Corizon Health form:	
	Patient name or identification	ation number	 Mortality Tracking Log (NA9596) 	
	> Age at time of death		This form should be used to communicate the completion of mortality reviews and associated	
	Date of death		actions with accrediting entities	
	Date of clinical mortality	review		
	Date of administrative re than date of clinical more			
	Cause of death (e.g., han failure)	ging, respiratory		
	Manner of death (e.g., na homicide, accident)	atural, suicide,		
	Date pertinent findings o staff	f review(s) shared with		
	Date of psychological au	topsy, if applicable		
	SITE SPECIFICS The individual that completes and maintains the log is [HSA]			
6	The HSA, SMD, and the correctional administrator are immediately notified of an inmate death			
7	There is a defined process by which the individuals designated by the inmate are notified in the case of death		This may also include notification of an impending death of a terminally ill patient	
	SITE SPECIFICS Individuals designated by the inmate are notified by:			
	☐ Custody staff			
	☐ Health staff			
8	Authorities having jurisdiction (coroner) are immediately notifi			
	SITE SPECIFICS			
	Jurisdictional authorities are notified by:			
	□ Custody staff notifies	jurisdictional authorities		
	☐ Health staff notifies j	urisdictional authorities		

REFERENCES

NCCHC: Standards for Health Services in Jails 2018, J-A-09
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